



PLANNING AND ZONING COMMISSION
TOWN OF BRANFORD

1019 Main Street, Branford, CT 06405, Telephone: (203) 488-1255, FAX: (203) 315-2188

APPLICATION FOR APPROVAL OF SUBDIVISION OR RESUBDIVISION

Application Fee \$50.00 per lot.

ADDRESS OF PROPERTY _____

TAX MAP _____ BLOCK _____ LOT _____ ZONING DISTRICT _____

LAND SURVEYOR

ENGINEER:

Name: _____

Name _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Is this an application for resubdivision? Yes _____ No _____

Deed Citation: Volume _____ Page _____ Area to be subdivided: _____ Acres

Describe any existing easements or deed restrictions which affect the layout: _____

Number of lots _____ Is a new street proposed? Yes _____ No _____

Area of open space _____ Acres; Proposed recipient _____

**List title and date of each plan, report and document submitted with this application.
Submit 3 copies of each.**

Record Subdivision Map _____

Site Development Plan _____

Construction Plans _____

Other Plans, Reports or Documents:

Has any variance been granted concerning this property? Yes ___ No ___

If yes, submit copy of variance approval stamped received by the Town Clerk.



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Does any part of the subdivision lie within a water supply watershed? Yes _____ No _____
If yes, submit response from Regional Water Authority, per CGS 8-3i.

Are there any inland wetlands located on or within 100 feet of the property? Yes _____ No _____
If yes, submit report from the Branford Inland Wetlands Commission, per CGS Sec. 8-26.

Is the property within 500 feet of a neighboring town? Yes _____ No _____

Does any proposed street or storm drain join a State Highway? Yes _____ No _____
If yes, submit approval from CT Dept. of Transportation, per Subdiv. Reg. Sect. 2-2-9.

Will subdivision be served by on-site septic systems? Yes _____ No _____ Wells? Yes _____ No _____
If yes to either, submit approval letter from East Shore District Health Dept. Site Development Plan must show, as applicable, primary and reserve leaching system layouts, water service lateral or well location and soil test hole locations.

Will subdivision be served by public water supply? Yes _____ No _____
If yes, submit letter from Regional Water Authority, per Subdivision Reg. Sect. 2-2-10.

Is any part of the subdivision within the Coastal Management District? Yes _____ No _____
If yes, submit a Coastal Site Plan Review application, per CGS, Section 22a-109.

The owner and applicant hereby grant the Branford Planning and Zoning Commission and the Town Engineer and their authorized agents permission to enter upon the property proposed for subdivision or resubdivision under this application for the purpose of inspection, the conduct of tests and other actions related to the enforcement of the Subdivision Regulations of the Town of Branford.

The undersigned states that information submitted with this application is correct and acknowledges that any approval based on erroneous or incomplete information shall be null and void.

Owner's name _____
Address _____
Phone _____
E-mail _____

Applicant's name _____
Address _____
Phone _____
E-mail _____

Signature _____

Signature _____

FOR OFFICE USE ONLY

Application # _____

Receipt Date _____

Fee Paid _____